

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			10-9-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

**INDEX OF CLAIMS**

- ✓ ..... Rejected                    N ..... Non-elected
- = ..... Allowed                    I ..... Interference
- (Through numeral)... Canceled    A ..... Appeal
- + ..... Restricted                    O ..... Objected

Claim	Date	
Final	Original	
1	✓	10/21/01
2	✓	10/21/01
3	✓	10/21/01
4	✓	10/21/01
5	✓	10/21/01
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7	✓	10/21/01
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Claim	Date	
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If more than 150 claims or 10 actions  
 staple additional sheet here

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